



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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BETH LINDSTROM  
DIRECTOR, CONSUMER AFFAIRS  
AND BUSINESS REGULATION

JULIANNE M. BOWLER  
COMMISSIONER OF INSURANCE

**Application for Renewal of Foreign Company License  
to Transact Insurance Business in Massachusetts**

Pursuant to the provisions of MGL Chapter 175, § 151, application is hereby made to renew the license to transact insurance for the following company for the year beginning **July 1, 2004**:

- Corporate Name of Company: \_\_\_\_\_
- NAIC Company Code #: \_\_\_\_\_ Company Federal ID #: \_\_\_\_\_
- Has the company's mailing address changed? ( **Yes / No** ) If "Yes", fill in the address below.  
New Company Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- Have the company's telephone numbers changed? ( **Yes / No** ) If "Yes", fill in below.  
Company Main Telephone #: ( \_\_\_\_ ) \_\_\_\_\_ Toll Free Telephone #: ( \_\_\_\_ ) \_\_\_\_\_
- Name and address of United States Manager (for alien companies only):  
\_\_\_\_\_
- Within the last five years, has the license or authority of the company, in any state, district, or country been revoked, suspended, or canceled, or has the company been refused admission to any state, district or country? ( **Yes / No** ) (If "Yes", explain on a separate attachment.)
- Is "Direct Writing" one of the company's marketing tools in Massachusetts? ( **Yes / No** )
- Has the company filed the NAIC Affidavit of Filing and Financial Statement Attestation for the December 31, 2003 Annual Statement? ( **Yes / No** ) (If "No", explain in detail on a separate attachment.) Please attach a signed original to this license renewal application when submitted.
- I, \_\_\_\_\_ (type or print name) hereby certify that the above statements are true to the best of my knowledge and belief and are made subject to penalties of perjury.

\_\_\_\_\_  
President  
Secretary  
U.S. Manager  
Date: \_\_\_\_\_  
Direct Telephone #: ( \_\_\_\_ ) \_\_\_\_\_

This form, accompanied by the **Annual Filing Fee and Insurance Company License Renewal Lock Box Form** and the appropriate check made payable to the **Commonwealth of Massachusetts Division of Insurance**, should be mailed to:

Division of Insurance  
Annual Filing Fee / Company Licensing Renewal  
PO Box 370039  
Boston, MA 02241-0739

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**Additional Required Information for Licensed Foreign Companies**

**Company Agent Licensing Contact Information**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**Direct Phone Number:** \_\_\_\_\_  
**Direct Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_